

UNITED STATES U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number: 3235-0076
Expires: November 30, 2001
Estimated average burden
hours per response16.00

SEC USE ONLY							
Prefix Serial							
DAT	E RECEI	/ED					

Name of Offering	(□ check if this is a	an amendment and name ha	s changed, and indicate	cate chang	ge.)		
						11	75554
Filing Under (Chec	k box(es) that apply):	□ Rule 504	□ Rule 505	⊠ Ru	le 506	☐ Section 4(6)	ULOE
Type of Filing:	➤ New Filing	☐ Amendment					
		A. BASIC ID	ENTIFICATION I	DATA			
1. Enter the inform	In gunder (Check box(es) that apply):						
Name of Issuer TechniScan, Inc.	(□ check if this is an	amendment and name has	changed, and indicat	te change.))		
			t, City, State, Zip Co		-		Area Code)
		(Number and Stree	t, City, State, Zip C	ode) Te	lephone Nun	nber (Including	•
-	A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer ame of Issuer (check if this is an amendment and name has changed, and indicate change.) A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer ame of Issuer (check if this is an amendment and name has changed, and indicate change.) A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer ame of Issuer (check if this is an amendment and name has changed, and indicate change.) A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer ame of Issuer (check if this is an amendment and name has changed, and indicate change.) Telephone Number (Including Area Code) (801) 521-0444 Telephone Number (Including Area Code) Telephone Number (Includin						
Type of Business	Organization				DEC	@ 2013	TUDRISON
		limited partnership, alread	y formed		□ other (ple	B 44.4	FINANCIAL
☐ business trus	t 🗆	limited partnership, to be t	formed			f.e.	
Actual or Estimated	Date of Incorporation			4		□ Estimated	
Jurisdiction of Inco	rporation or Organizat				r State:		UT
General Instruct	ions			· · · /			

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

• Each general and managing partner of partnership issuers.
Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner □ Managing Partner □ Managing Partner □ Managing Partner □ Managing Partner
Full Name (Last name first, if individual)
Stephen A. Johnson
Business or Residence Address (Number and Street, City, State, Zip Code)
1011 East Murray-Holladay Road, Salt Lake City, Utah 84117
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
David Robinson
Business or Residence Address (Number and Street, City, State, Zip Code)
1011 East Murray-Holladay Road, Salt Lake City, Utah 84117
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
David Borup
Business or Residence Address (Number and Street, City, State, Zip Code)
1011 East Murray-Holladay Road, Salt Lake City, Utah 84117
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Ted Stanley
Business or Residence Address (Number and Street, City, State, Zip Code)
1011 East Murray-Holladay Road, Salt Lake City, Utah 84117
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Richard Stanley
Business or Residence Address (Number and Street, City, State, Zip Code)
1011 East Murray-Holladay Road, Salt Lake City, Utah 84117
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Ralph B. Johnson
Business or Residence Address (Number and Street, City, State, Zip Code)
1011 East Murray-Holladay Road, Salt Lake City, Utah 84117
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Gary Barbour
Business or Residence Address (Number and Street, City, State, Zip Code)
1011 East Murray-Holladay Road, Salt Lake City, Utah 84117

Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of

2. Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Each executive officEach general and ma		•	orporate general and manag	ing partners of par	tnership issuers; and
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)		 = 		
David Stone Business or Residence Address	ce (Numb	er and Street, City, State, 2	(in Code)		
1011 East Murray-Holladay	•	•	ip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Barry Hanover	individual)				
Business or Residence Address	ss (Numb	er and Street, City, State, Z	Cip Code)		
1011 East Murray-Holladay	Road, Salt Lake	e City, Utah 84117			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	□ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)		4		
Business or Residence Address	ss (Numb	er and Street, City, State, Z	ip Code)	A de de se	-
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Numb	er and Street, City, State, 2	ip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Numb	er and Street, City, State, Z	ip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Numb	er and Street, City, State, Z	ip Code)	75.44	
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Numb	er and Street, City, State, Z	ip Code)		
	(Use blank	sheet, or copy and use addi	tional copies of this sheet, a	s necessary.)	

Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of

2. Enter the information requested for the following:

the issuer;

Each promoter of the issuer, if the issuer has been organized within the past five years;

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\pi \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt \$-0-\$-0-Equity \$385,496 \$385,496 □ Preferred Convertible Securities (including warrants)..... (preferred stock (preferred stock convertible to convertible to common) common) Partnership Interests \$-0-\$-0-Other..... \$-0-\$-0-Total..... \$385,496 \$385,496 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 0 Accredited Investors 1 Non-accredited Investors \$385,496 Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 Regulation A Rule 504 Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fee Printing and Engraving Costs X \$10,000 Legal Fees. Accounting Fees

 \Box

\$10,000

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify) Blue Sky Filing Fees.

Total.....

to	Enter the difference between the aggregate offering price given in response to Part C – Quantum Cotal expenses furnished in response to Part C – Question 4.a. This difference is the "adjust of the issuer."	ed gros	s proceeds	\$375,496
b fi li	ndicate below the amount of the adjusted gross proceeds to the issuer used or proposed to e used for each of the purposes shown. If the amount for any purpose is not known, urnish an estimate and check the box to the left of the estimate. The total of the payments sted must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.			
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		⊠ \$80,000	⊠ \$280,000
	Purchase of real estate	□ \$_		\$
	Purchase, rental or leasing and installation of machinery and equipment	□ \$_		□ \$
	Construction or leasing of plant buildings and facilities	□ \$_		□ \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$		□ \$
	Repayment of indebtedness			
	Working capital	□ \$_		⊠ \$15,496
	Other (specify):	□\$_		□ \$
	Column Totals		⊠ \$80,000	□ \$ <u> </u>
	Total Payments Listed (column totals added)		⊠ :	\$375,496
	D. FEDERAL SIGNATURE			
	D. I EDDICAL SIGNATURE			
signat	suer has duly caused this notice to be signed by the undersigned duly authorized person. It ure constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange nation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) or	Commi	ssion, upon writte	
Issuer	(Print or Type) Signature		I	Date
Techn	iiScan, Inc.		} 1	12/01/03
	of Signer (Print or Type) Title of Signer (Print or type)	7		
	LARENCE VERHOEF CORP SECRE	TAR	. 4	
/c	LARENCE LEZUDE	, ,,,,	/	

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE			
		Yes	No	
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?		\boxtimes	
	See Appendix, Column 5, for state response.			
_			_	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

		6		
Issuer (Print or Type)	Signature	111	Date	
TechniScan, Inc.	× L_	. (thank	12/01/03	
Name (Print or Type)	Title (Print or type)			
Y CLARENCE VERHOEF	X CORP.	SECRETARY		
	7 -	l		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed cop or bear typed or printed signatures.

APPENDIX

1	to non- investo	d to sell accredited ors in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
СО										
СТ										
DE										
DC										
FL										
GA										
HI										
ID										
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										
МО										

		2	3			4			5	
	to non- investo	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT										
NE										
NV	X		Common			1 *	\$385,496		X	
NH										
NJ	-									
NM										
NY										
NC										
ND										
ОН										
OK										
OR			-							
PA										
RI										
SC										
SD										
TN										
TX										
UT							,		-	
VT										
VA										
WA										
WV										
WI										
WY										
PR										

^{*} a corporation whose shareholders are not all accredited investors and corporation is not accredited.